

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Timothy J. Nichols Examiner: Unknown/Unassigned
Serial No. 09/431,881 Group Art Unit: 2766
Filing Date: November 2, 1999 Docket No.: P-8560.00
Title: Method and Apparatus to Secure Data Transfer From Medical Device Systems

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Please direct any response or inquiry to the below signed attorney. Examiner is
encouraged to call the undersigned counsel to facilitate resolve to this inquiry.

Dated: 12/06/99

Respectfully submitted,

By: Girma Wolde-Michael

Girma Wolde-Michael
Registration No. 36,724
MEDTRONIC, INC.
7000 Central Avenue NE
Minneapolis, MN 55432
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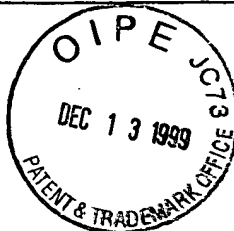
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/431,881	11/02/99	2766	\$2,188.00	P-8560.00	8	69	10

MEDTRONIC INC
7000 CENTRAL NE
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) TIMOTHY J. NICHOLS, LINO LAKES, MN.

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TITLE
METHOD AND APPARATUS TO SECURE DATA TRANSFER FROM MEDICAL DEVICE
SYSTEMS

PRELIMINARY CLASS: 380

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LAW DEPARTMENT
MEDTRONIC, INC.

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DATA ENTRY BY: RORIE, DEANNA

TEAM: 03 DATE: 11/17/99

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Your cooperation is greatly appreciated.

SERIAL NUMBER 09/431,881		FILING DATE 11/02/99	CLASS 380	GROUP ART UNIT 2766	ATTORNEY DOCKET NO. P-8560.00	
APPLICANT	TIMOTHY J. NICHOLS, LINO LAKES, MN.					
	CONTINUING DOMESTIC DATA*** VERIFIED 					
	371 (NAT'L STAGE) DATA*** VERIFIED 					
	FOREIGN APPLICATIONS*** VERIFIED 					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/17/99						
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>			STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 69	INDEPENDENT CLAIMS 10
ADDRESS	MEDTRONIC INC 7000 CENTRAL NE MINNEAPOLIS MN 55432					
	METHOD AND APPARATUS TO SECURE DATA TRANSFER FROM MEDICAL DEVICE SYSTEMS					
FILING FEE RECEIVED \$2,188		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL

In re Application of: Timonth J. Nichols
For: Method and Apparatus to Secure Data Transfer From Medical Device Systems
Serial No.: 09/431,881
Filed: November 2, 1999

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this TRANSMITTAL and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on this 7th of December, 1999.

Signature

Karen L. Hoffman
Printed Name

Assistant Commissioner of Patents
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal
- ☒ Request for Amendment of Filing Receipt
- ☒ Return Postcard

Applicant hereby petitions for a 0 month(s) extension of time. If an additional extension of time is required, please consider this a petition therefor.

☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.

☒ Applicant believes that a 0 month extension of term is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

Dated

Girma Wolde-Michael

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